CITY OF BALTIMORE

STEPHANIE RAWLINGS-BLAKE, Mayor



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Commissioner of Health

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Recommendations to the Mayor: City-Wide Fentanyl and Overdose Response Plan

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Introduction

Under the direction of Mayor Stephanie Rawlings-Blake, the Baltimore City Health Department convened a city-wide Fentanyl Task Force to determine the recommendations and assess capacity for a city-wide respond to the synthetic opioid Fentanyl that is causing unprecedented numbers of overdoses and deaths in Baltimore.

The city agencies convened include: Health Department, Police Department, Fire Department, State's Attorney's Office, Baltimore City Circuit Court's Drug Treatment Court, Department of Housing, Mayor's Office of Criminal Justice, Mayor's Office of Neighborhoods, Mayor's Office of Employment Development, Mayor's Office of Emergency Management, Department of Transportation, Department of Recreation and Parks, Department of Parole and Probation, Department of Social Services, Department of Public Works, Behavioral Health System Baltimore, Baltimore Substance Abuse Directorate, University of Maryland Emergency Department, Johns Hopkins Emergency Department, Health Care for the Homeless, Pratt Library, Office of Promotion and Arts, Convention Center, and Baltimore Development Corporation.

Fentanyl is a synthetic opioid that is dozens of times stronger than morphine and heroin. It is being mixed in with heroin and other street drugs and causing hundreds of deaths in Baltimore. Preliminary data show that from January through August 2016, Baltimore experienced a 56% increase in overdose deaths compared to 2015. The synthetic opioid, Fentanyl, is a factor in over half of overdose deaths in 2016—an unprecedented rate. Fentanyl is cheaper and, in many ways, easier to obtain than heroin. It is becoming more prevalent in Baltimore and throughout the country. Anecdotal evidence suggests that some drug users are aware of the increased risks associated with Fentanyl and prefer to use less-deadly heroin. However, they are not always aware that the drugs they obtain contain Fentanyl.

The Baltimore City Health Department convened the first meeting of the City-wide Fentanyl Task Force in August 2016 and provided information about Fentanyl and trends in opioid overdoses and deaths in Baltimore, existing opioid overdose response initiatives, and the Health Department's proposed additional responses to Fentanyl. BCHD asked each agency to provide a work plan that included answers to the following questions:

- 1. What is your agency currently doing in response to Fentanyl or opioids generally?
- 2. How can your agency assist with spreading the message about Fentanyl?
- 3. Who are the frontline workers in your agency who should be trained to administer naloxone?
- 4. How can your agency support a real-time overdose alert and rapid response effort?

Answers to these questions were synthesized into a draft implementation plan, discussed with the full Task Force, and incorporated into this Action Plan.

The City-Wide Fentanyl Task Force will continue to meet to execute the implementation plan and monitor its success.

Task Force Recommendations

- 1. Develop and implement a real-time alert and citywide rapid response system

 The response to Fentanyl should include a system for identifying unusual spikes in
 overdoses located in specific parts of the city in as close to real-time as possible. These
 spikes may be a proxy for the presence of Fentanyl in drug supplies in the impacted part
 of the city, and resources and information should be deployed to prevent additional
 overdoses and deaths. When a spike is detected, an alert should go out to partners who
 can respond directly or warn residents about the risks. Street outreach teams should be
 deployed to the impacted area of the city to inform residents about the spike and
 distribute naloxone.
- 2. Prepare all frontline city staff to recognize and respond to an opioid overdose Baltimore city has thousands of frontline staff who are providing services out in the community on a regular basis. These employees should be prepared to recognize and respond to an overdose with naloxone.
- **3.** Conduct widespread public education on Fentanyl and opioid overdose Similar to BCHD's "Don't Die" campaign focused on the risks of opioid overdose and the opportunity to save a life with naloxone, Baltimore should launch a public health education campaign focused on the presence of Fentanyl in heroin and other street drugs.
- 4. Distribute rapid testing kits so drug users can test their substances for the presence of Fentanyl

Evidence suggests that many drug users are aware of the dangers of Fentanyl and seek to avoid this dangerous narcotic. In many cases, they are unaware that they have received Fentanyl that has been sold as heroin, cocaine, or other drugs. As part of a harm reduction strategy that aims to save lives, Baltimore should distribute rapid drug testing kits through its Needle Exchange Program to empower drug users to protect themselves from dangerous Fentanyl. Users who are most likely to test their substances are those concerned about Fentanyl and evidence shows when these substances test positive for Fentanyl, users decrease the amount they use.

Metrics

Each agency will track metrics based on their responsibilities as outlined in the implementation plan.

Public Education

- 1. Estimates of publicly placed ad views
- 2. 4X6 cards distributed
- 3. Fliers distributed
- 4. Online naloxone trainings
- 5. Website views
- 6. Social media views
- 7. Social media engagement

Real-Time Alerts and Rapid Response

- 1. Overdose spikes detected
- 2. Rapid responses deployed
- 3. People receiving information through rapid response street outreach
- 4. People trained to administer naloxone through rapid response street outreach
- 5. Alerts sent out
- 6. Recipients for alerts

Preparing Frontline Workers to Respond to Overdose

- 1. Number of potential trainees
- 2. Number of frontline workers already trained at outset of plan
- 3. Number of frontline workers trained to administer naloxone
- 4. Number of naloxone administrations by frontline workers
- 5. Number of overdoses reversed by frontline workers

Budget

The Baltimore City Health Department and city agencies must respond to this public health emergency to protect the City's residents from this leading cause of death in Baltimore. The Baltimore City Health Department's Community Risk Reduction Services and Behavioral Health System Baltimore have used funding for the purchase of naloxone and to deploy street outreach and Needle Exchange Program staff to train Baltimore residents to administer naloxone. Baltimore Police Department and Fire Department have purchased naloxone for first responders. More medication is needed to ensure city workers and other potential responders are prepared to reverse an overdose. Additional surveillance tools are also needed to augment the City's Real-Time Alert and Rapid Response System for Fentanyl and overdoses.

Below please find a draft budget to enable the City to respond to Fentanyl over the next year. The funding would purchase necessary medication, surveillance and alert technology, and outreach materials and improve staffing capacity.

Fentanyl Task Force Action Plan Budget	FTE/Quantity	Total Cost
Staff		
Overdose Spike Rapid Response Team	2 (25 hrs/wk)	\$50,000
Naloxone		
For BCHD Training and Distribution	5,255	\$394,125
Fentanyl Campaign and Messaging		
Campaign Development and Sizing	135 hours	\$16,000
Production		\$3,670
Ad Placements		\$41,400
DPW Placements		DPW In-Kind
Library Placements		Library In-Kind
Social Media Campaign		\$50,000
4X6 Cards	200,000	\$25,000
Overdose Stat Sign for BCHD	1	\$1,500
Printable Fentanyl Flier Design		BCHD In-Kind
Fentanyl Flier Printing and Distribution	200,000	All Agencies In-Kind
Real-Time Alerts and Rapid Response		
Automate EMS Data Analysis		UMMS In-Kind
Rapid Drug Testing for Fentanyl		
Rapid Drug Test Kits	40,000	\$100,000
Total		\$681,695

Roles and Responsibilities

Lead Agency

Baltimore City Health Department

Baltimore City Health Department (BCHD) will be the lead agency for implementing the Fentanyl Task Force Action Plan. As such, BCHD will be responsible for implementing its individual responses to the Fentanyl and overdose crisis as well as coordinating and leading cross-agency actions outlined in the Action Plan and recording progress on the Metrics in this plan. BCHD will convene monthly meetings of the Fentanyl Task Force to discuss implementation of this plan, report on progress, and identify and respond to barriers and opportunities that arise in the course of implementation.

1. Existing Efforts

- a. BCHD's Needle Exchange and Staying Alive programs train community members to administer naloxone and distribute the medication six days a week
- b. BCHD launched an Overdose Response Ambassadors Program to leverage volunteers to expand overdose education and naloxone distribution efforts and implemented a protocol to enable staff from other agencies and community-based organizations to become BCHD ORP volunteers who can deliver their own overdose education and naloxone training to their colleagues and people they serve
- c. BCHD is receiving and analyzing daily reports of non-fatal overdoses from EMS to identify overdose spikes in areas of Baltimore and deploying rapid response teams and alerting mental health and substance use disorder treatment providers when these spikes occur
- d. BCHD is working with BHSB to expand access to buprenorphine treatment for opioid use disorders to reduce the number of people in Baltimore addicted to or misusing opioids
- e. BCHD workers with partners including BHSB and Baltimore Crisis Response to combine multiple hotlines into a single 24-7 hotline for crisis intervention, information about substance use and mental health services, and referrals to treatment
- f. BCHD is working with BHSB to launch a 24-7 Stabilization Center where people can receive sobering services and other urgent but non-emergency care for substance use and mental health
- g. BCHD is engaging in public education about the risks of opioid addiction and overdose through its Don't Die campaign and outreach to prescribers

2. Outreach and Public Education

- a. With funding, BCHD will develop a communications and public education campaign about the dangers of Fentanyl
- b. With funding, BCHD will secure advertising placements for Fentanyl campaign
- c. With funding, BCHD will print 4X6 cards with Fentanyl campaign creative material for all participating partner agencies, including BCHD, to distribute

3. Real-Time Alerts and Rapid Response

a. BCHD will receive and analyze EMS data to identify spikes in non-fatal overdoses

- b. BCHD staff will accept calls, texts, and emails from Fentanyl Task Force participants and other community members to provide information about Fentanyl and overdoses in the community
- c. BCHD will coordinate a rapid response to overdose spikes including deploying street outreach teams to impacted locations to deliver overdose education and naloxone distribution and sending out alerts to Task Force partners and providers
- d. BCHD will work with UMMS, EMS, and other partners to automate the overdose spike alert and response

4. Frontline Worker Preparedness

- a. BCHD will train all BCHD frontline employees to administer naloxone
- b. BCHD will be available as needed to deliver naloxone training to staff at other agencies and to people they serve and encounter
- c. BCHD will provide an opportunity for staff and volunteers from Fentanyl Task Force participating agencies to become naloxone trainers and certify colleagues and community members to respond to an overdose with naloxone

Support Agencies

Baltimore Police Department

1. Existing Efforts

- a. Baltimore Police Department (BPD) is training officers in the use of the opioid overdose reversing drug, Naloxone. Currently there are 416 personnel trained to administer Naloxone
- b. BPD responds to all suspected overdoses. A policy has been implemented that delineates the protocol for responding to suspected overdoses. The protocol requires officers to render aid for the victim. If necessary, the officer will administer Naloxone if they are trained to do so. Officers will ensure medics respond to the scene to provide further medical care and transportation to a local hospital.
- c. BPD sends reports to the High Intensity Drug Trafficking Areas (H.I.D.T.A.)/Cyber Crimes Unit when officers complete respond to a suspected overdose. The Unit will analyze trends and assign cases for follow-up investigations

2. Outreach and Public Education

- a. BPD has several outlets to spread the message about the dangerous effects of Fentanyl. BPD will use social media sites to send brief messages and use contacts with community leaders and faith based leaders to help deliver messages
- b. BPD will have the Police Commissioner or his designee tape a video message about the dangers of heroin, Fentanyl, and opioids. The message will contain information about resources for people with substance use disorders to receive help, Naloxone information, and resources for families of addicts. It will be delivered as a link to social media, community groups, other Baltimore Government agencies, and placed on BPD's website
- c. BD will host informational seminars about heroin/opioid addiction in conjunction with the Health Department
- d. BPD will work with the Board of Education to develop programs that target middle school students to educate them on drug addiction

- e. BPD will further assist the Health Department in any of their efforts to spread the message about Fentanyl
- 3. Real-Time Alerts and Rapid Response
 - a. BPD can respond on several different fronts when an overdose spike occurs in a specific area of the city by reaching out to community leaders, hosting community meetings, and enlisting faith-based leaders to assist in alerting residents living in the affected area.
- 4. Frontline Worker Preparedness
 - a. BPD will continue to train patrol officers to administer naloxone and equip them with naloxone to respond to overdoses

Fire Department

- 1. Existing Efforts
 - a. The Baltimore City Fire Department's (BCFD) Emergency Medical Service (EMS) provides information on the Don't Die campaign, naloxone training and the 24/7 Crisis, Information, and Referall hotline for substance use and mental health services to overdoses survivors
 - b. BCFD responds to all 9-1-1 calls for opioid related overdoses. Patients are either transported to the closest appropriate ED or treated and released
 - c. All BCFD basic life support providers and advanced life support providers are trained and equipped to administer naloxone to respond to an overdose
 - d. EMS is meeting with community resources to identify addiction services in hopes of referring patients to treatment
- 2. Outreach and Public Education
 - a. EMS will continue to distribute information to overdose survivors
 - b. BCFD will host a link to www.dontdie.org on their website
 - c. BCFD will partner with BCHD to provide training and education to citizens through community outreach
- 3. Real-Time Alerts and Rapid Response
 - a. EMS provides daily data to BCHD on non-fatal overdoses it responds to
 - b. EMS will work with BCHD and UMMS to automate real-time alerts about overdose spikes
 - c. BCFD's First Watch System will provide automated alerts of overdose spikes once it is online
- 4. Frontline Worker Preparedness
 - a. BCFD will continue to train and equip all basic and advanced life support personnel with naloxone

State's Attorney's Office

- 1. Existing Efforts
 - a. BCHD trained one of the two Drug Treatment Court (DTC) Tracks
 - b. DTC team and judges periodically address Fentanyl use with DTC participants before and during DTC progress hearings
 - c. BCHD provided Naloxone training to DTC team and program participants
- 2. Outreach and Public Education

- a. State's Attorney's Office (SAO) will display posters and leave fliers in the reception area of the office located at 120 E. Baltimore Street
- b. SAO will display posters and leave fliers in the Victim Services Unit located in the circuit courthouse where victims and witnesses report on their trial dates.
- c. SAO will include fliers in DTC graduation packets
- d. SAO may be able to include link or information in its newsletter
- 3. Real-Time Alerts and Rapid Response
 - a. SAO will inform BCHD about when and where a DTC participant overdoses
 - b. SAO will provide an alert when and where the office sees an increase of Fentanyl cases
- 4. Frontline Worker Preparedness
 - a. SAO will have the following frontline workers trained to administer naloxone:
 - i. DTC Prosecutor
 - ii. Victim Services/Community Advocates Unit
 - iii. SAO Mental Health Court staff since often times defendants suffer from both drug addiction and mental health issues

Baltimore City Circuit Court's Drug Treatment Court

- 1. Existing Efforts
 - a. Dr. Leana Wen, and other professional staff from BCHD have spoken before several sessions of the DTC on the dangers of opioids, and Fentanyl, and trained many of DTC participants to administer naloxone.
 - b. Mark L. O'Brien, the Director of Opioid Overdose Prevention and Treatment addressed a session of DTC and spoke specifically about the dangers of Fentanyl and distributed literature on how to respond to an overdose.
- 2. Outreach and Public Education
 - a. DTC will make available literature which explains the dangers of Fentanyl, the risk of overdose, and how to respond to a specific overdose crisis.
- 3. Frontline Worker Preparedness
 - a. Penny George, the DTC Social Worker, will be trained by BCHD to explain the dangers and risk of overdoses and train each DTC participant on the use of naloxone and how to obtain it. These training sessions would be for new participants in both Track A and B of DTC.
 - b. The DTC administrator, social worker, and case managers will be trained to administer naloxone.
 - c. Clinical Case Coordinator (BHSB), Probation Agents, and staff in treatment programs should also be trained.

Department of **Housing**

- 1. Outreach and Public Education
 - a. The Department of Housing will promote the message on its website and via social media. The Department of Housing will send eblasts and post promotional materials (e.g., flyers and posters) at their sites and at the Benton Building.
- 2. Frontline Worker Preparedness

a. Department of Housing Ombudsman will be trained to administer naloxone. The Ombudsman are on call 24 hours a day to respond to emergency situations throughout the City.

Mayor's Office of Criminal Justice

- 1. Outreach and Public Education
 - a. The Domestic Violence Center and Juvenile Diversion Programs will do outreach and share information and messages about Fentanyl and overdose
- 2. Real-Time Alerts and Rapid Response
 - a. The Mayor's Office of Criminal Justice is funding a HIDTA coordinator who will share data and information on overdoses and Fentanyl

Mayor's Office of Neighborhoods

- 1. Outreach and Public Education
 - a. The Mayor's Office of Neighborhoods will assist in spreading the message about Fentanyl when staff attend community meetings throughout the city.
 - b. The Mayor's Office of Neighborhoods will share literature and answer questions from residents. Office of Neighborhoods regularly attends community meetings, occasionally organizes forums, sends out eblasts and fields phone calls from residents across the city.
- 2. Frontline Worker Preparedness
 - a. Office of Neighborhoods is a staff of six neighborhood liaisons, a deputy director and director. Staff could be trained to be aware of the process for being trained and how simple it is so that they can be informed when encouraging residents to also get trained.

Mayor's Office of Employment Development

- 1. Outreach and Public Education
 - a. The Mayor's Office of Employment Development (MOED) will display posters
 - b. MOED will include a link to www.dontdie.org on its website along with information on Fentanyl and link to the Baltimore City Health Department's resources.
 - c. MOED also manages a Facebook account for both the agency and for the annual YW summer jobs employment program as well as a Twitter account for the agency. MOED will post twice a month during the summer to inform the public on the risks of overdoses, Fentanyl and best practices for prevention.
 - d. MOED will send alerts and safety tips about Fentanyl and overdose prevention to the Business Services team's listsery of jobseekers, businesses, and workforce development groups
 - e. The MOED Human Resources team will issue email alerts and provide educational materials for agency staff.
 - f. MOED has a wide reach through One-Stops, YouthWorks, and other programming. To inform those we serve about this public health emergency, MOED will ensure all locations and participating partners are stocked with pertinent informational materials.

- g. While specific dates are not available now, as job fairs and workforce-related information sessions come up, flyers informing the public about Fentanyl will be included in the outreach material our business services team brings to events.
- 2. Frontline Worker Preparedness

Mayor's Office of Emergency Management

- 1. Outreach and Public Education
 - a. The Mayor's Office of Emergency Management (MOEM) will establish a link between its website and the Fentanyl resources that are available on the website of BCHD
 - b. MOEM will include a handout on Fentanyl in the materials that are distributed during its outreach activities
- 2. Real-Time Alerts and Rapid Response
 - a. With BCHD as the lead agency, MOEM can provide a venue (EOC 1 or 2) and staff support to coordinate a real-time overdose alert and rapid response effort.
- 3. Frontline Worker Preparedness
 - a. MOEM will arrange for Fentanyl training at an upcoming MOEM staff meeting to include all of the Emergency Management Specialists who serves as on-call Duty Officers for MOEM
- b. MOEM will arrange Fentanyl training at an upcoming C.E.R.T. monthly meetings <u>Department of Transportation</u>
 - 1. Outreach and Public Education
 - a. The Department fo Transportation (DOT) will post information provided BCHD at various offices across the City
 - b. DOT will host a learning seminar delivered by BCHD on Fentanyl and opioids.
 - c. DOT will explore the ability to link to the Don't Die website
 - 2. Frontline Worker Preparedness
 - a. DOT will have employees trained to administer naloxone
 - b. DOT will work with BCHD to engage MTA about having bus drivers trained to administer naloxone

Department of Recreation and Parks

- 1. Real-Time Alerts and Rapid Response
 - a. Rec and Parks will send an email alert to Rec Center staff when there is an overdose spike so that staff in impacted locations can warn residents and share information.
- 2. Frontline Worker Preparedness
 - a. DRP will have Rec Center staff trained to administer naloxone and also trained to deliver naloxone training to people who come to the Rec Centers

Department of Parole and Probation

- 1. Existing Efforts
 - a. The Department of Parole and Probation (DPP) is participating in Overdose Fatality Review meetings.
 - b. DPP has received naloxone training for Agents.

- c. DPP is awaiting legal review for an Agent if he/she administers naloxone to someone who is not on supervision.
- d. DPP has an assessment unit whose primary mission is to quickly assess and place those with substance use disorders into treatment programs. Appointments are usually within 24 hours of notification of a need for screening. DPP has licensed assessors who perform the assessments and link with treatment providers for placement in an appropriate treatment modality.

2. Outreach and Public Education

- a. DPP will assist with spreading the message about Fentanyl by handing out brochures and literature at various points in supervision, including at intake for every new probationer/parolee.
- b. DPP will hand out literature at the point of assessment, when people report for drug testing and will place posters and flyers in waiting areas as well as hand out literature during report days.
- c. Most offices have DVD players and TVs, and DPP will show a video periodically throughout the day.

3. Real-Time Alerts and Rapid Response

- a. Through a partnership with Washington College, DPP will have data about areas of the city experiencing overdose spikes mapped so that parole and probation officers can intervene with individuals at risk in those areas
- b. DPP will pass any data received from the BCHD to field agents using bulletins and notifications

4. Frontline Worker Preparedness

a. All parole and probation agents, assessment personnel, first line supervisors will be trained to administer naloxone

Department of Social Services

1. Outreach and Public Education

- a. DSS will display posters and the naloxone video
- b. DSS will have social services staff deliver script on Fentanyl risks and CI&R line to people they deliver services to

Department of Public Works

1. Outreach and Public Education

- a. DPW will offer space on solid waste and water trucks for truck wraps. The Health Department would incur the cost of printing and installation.
- b. DPW will offer banner space on the public works museum which is at a major intersection going towards fells point. The Health Department would incur the cost of printing and installation.
- c. DPW will offer banner space at Sisson Street solid waste yard which is at a gateway intersection. The Health Department would incur the cost of printing and installation.
- d. DPW has monitors on the first floor of Abel Wolman on which BCHD can display messages
- e. DPW can host a public awareness campaign on their website for a limited time

2. Frontline Worker Preparedness

- a. DPW will have environmental police trained to recognize an overdose and administer naloxone
- b. DPW will make time available for educating staff about the availability of naloxone training at Solid Waste and Water Roll Calls

Behavioral Health System Baltimore

1. Existing Efforts

- a. Behavioral Health System Baltimore (BHSB) conducts street outreach naloxone distribution for 10 hours a week in areas with high rates of overdose
- b. BHSB conducts naloxone trainings in community-based settings
- c. BHSB conducts trainings of trainers for naloxone education at substance use disorder treatment programs, transitional housing and community-based organizations and assistance with capacity building to become Overdose Response Programs
- d. BHSB manages an Overdose Survivors Outreach Project that responds to nonfatal overdose survivors in the emergency departments of four Baltimore hospitals and attempts to engage them into substance use disorder treatment and other services
- e. BHSB operates an Overdose Misuse Prevention Program
- f. BHSB has trained all outreach staff are trained to respond to overdose with naloxone, including BHSB's OEND team and peer recovery outreach workers

2. Outreach and Public Education

- a. BHSB will share information with its provider network and has developed an overdose alert to go out to its provider network
- b. BHSB's OEND street outreach will continue to share fentanyl messages
- c. BHSB will share Fentanyl messages at all OEND trainings and events

3. Real-Time Alerts and Rapid Response

- a. BHSB's OEND outreach team will respond to alerts by providing naloxone training and distribution in areas where overdose spikes occur
- b. BHSB will send an alert to providers to inform them about the locations of overdose spikes and ask them to warn patients/clients about the risk

Baltimore Directorate and IBR-REACH

1. Existing Efforts

- a. IBR-REACH has daily group sessions daily including discussions about Fentanyl and the risks of overdose to those using opioids in the community
- b. IBR-REACH has flyers posted about overdose in general and fentanyl overdose in particular
- c. IBR-REACH has given naloxone training and scripts to all insured patients and naloxone training and kits to all uninsured patients currently enrolled in treatment. Naloxone training, scripts, and kits are also available to patients' friends and familiues
- d. IBR-REACH discusses overdose and the greater risk with Fentanyl laced opioids with all new patients on admission

- e. IBR-REACH has all staff are trained in overdose prevention and provided with naloxone or prescription
- 2. Real-Time Alerts and Rapid Response
 - a. The Directorate can send out information to its mailing lists of citywide providers about any spikes in Fentanyl overdose in specific areas
 - b. IBR-REACH can notify its patients about recent spikes by sending the info to all clinical staff so patients can hear it at the dosing window, in groups and from individual counselors

University of Maryland Emergency Department

- 1. Real-Time Alerts and Rapid Response
 - a. University of Maryland Medical System (UMMS) will assist BCHD with automating overdose spike alerts for deployment of rapid response
- 2. Overdose Survivors Outreach Program
 - a. UMMS will assist with automating the alerts to Overdose Survivors Outreach Program when a patient survives an overdose and pilot the automation in the UMMS emergency department. This tool will be available to other emergency departments to implement OSOP

Johns Hopkins Emergency Department

- 1. Existing Efforts
 - a. Johns Hopkins emergency medicine is focusing on families. Acknowledging that an overdose victim is not in a position to save themselves when overdose occurs, JH is educating families about naloxone and the need to secure medications safely
- 2. Real-Time Alerts and Rapid Response
 - a. Johns Hopkins emergency medicine will help with identifying overdose spikes especially making sure BCHD has data about overdoses that present in ED that may not have made a call to EMS

Health Care for the Homeless

- 1. Existing Efforts
 - a. Health Care for the Homeless (HCH) conducts naloxone trainings and distribution, displays Fentanyl posters, and has IOP and MAT services, including integrated buprenorphine treatment, for substance use disorder
 - b. HCH's tox screens test for Fentanyl
- 2. Real-Time Alerts and Rapid Response
 - a. HCH will alert BCHD when they hear about high rates of overdose or Fentanyl that is present on the street and participate in rapid response by educating and informing people they serve when overdose spikes occur

Pratt Library

- 1. Outreach and Public Education
 - a. Pratt Library will distribute public information in our library branches throughout the city in our public information areas

- b. Pratt Library will work BCHD to communicate important information with appropriate library partners to inform library customers about health related matters
- c. Pratt Library will explore hosting a link on their website to www.dontdie.org

Office of Promotion and Arts

- 1. Outreach and Public Education
 - a. The Office of Promotion and Arts (BOPA) will post/stack information flyers or postcards provided by BCHD at appropriate BOPA facilities such as the Bromo Seltzer Arts Tower and School 33 Art Center
 - b. BOPA will host a link on their website to www.dontdie.org
 - c. BOPA will post/stack information flyers or postcards provided by BCHD at appropriate BOPA events
- 2. Frontline Worker Preparedness
 - a. BOPA will host a trainer from BCHD to give a presentation on Fentanyl and overdose and deliver naloxone training
 - b. BOPA will recommend several staff members to be trained on administering naloxone and recommend an employee to become a naloxone trainer
 - c. As part of the city's cultural community, BOPA will encourage arts and events organizations to assist BCHD in spreading the word about the overdose epidemic and the naloxone training

Convention Center

- 1. Outreach and Public Education
 - a. The Convention Center will assist in sharing information with staff such as fliers and other information and can post any information internally for staff
 - b. The Convention Center will display the naloxone training video for staff
 - c. The Convention Center plans to have an intranet page in the future where a link to www.dontdie.org could be posted
- 2. Frontline Worker Preparedness
 - a. The Convention Center will have BCHD train Public Safety Officers to administer naloxone

Baltimore Development Corporation

- 1. Outreach and Public Education
 - a. Baltimore Development Corportation will assist with educating staff and members of the public about the dangers of Fentanyl and overdose